



PTO/SB/17 (12-04v2)

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Effective on 12/08/2004.

Pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL

For FY 2005

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 1,810.00

Complete if Known

Application Number 09/606,582

Filing Date June 29, 2000

First Named Inventor Michael A. Falco

Examiner Name T. Tran

Art Unit 2715

Attorney Docket No. 104108-0014

METHOD OF PAYMENT (check all that apply)☒ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____☒ Deposit Account Deposit Account Number: 03-1237 Deposit Account Name: Cesari and McKenna, LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below☐ Charge fee(s) indicated below, except for the filing fee☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17☒ Credit any overpayments

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FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES**Fee Description**

Each claim over 20 (including Reissues)

Each independent claim over 3 (including Reissues)

Multiple dependent claims

Small Entity
Fee (\$)
Fee (\$)

50 25

200 100

360 180

Total Claims **Extra Claims** **Fee (\$)** **Fee Paid (\$)**

24 - 20 or HP = 0 x = 0.00

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims **Extra Claims** **Fee (\$)** **Fee Paid (\$)**

4 - 3 or HP = 0 x = 0.00

HP = highest number of independent claims paid for, if greater than 3.

Multiple Dependent Claims**Fee (\$)** **Fee Paid (\$)**

0.00

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets **Extra Sheets** **Number of each additional 50 or fraction thereof** **Fee (\$)** **Fee Paid (\$)**

- 100 = / 50 = (round up to a whole number) x = 0.00

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Request for Continued Examination, Pet. for 3 mo. extension of time

Fees Paid (\$)

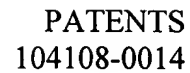
1810.00

SUBMITTED BY

Signature	Patricia A. Sheehan	Registration No. (Attorney/Agent) 32,301	Telephone (617) 951-2500
Name (Print/Type)	Patricia A. Sheehan		Date June 20, 2005

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.



**In Re The Application of:
Michael A. Falco**

Examiner: Tran, T.

Art Unit: 2715

Cesari and McKenna, LLP
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June 20, 2005

“Express Mail” Mailing-Label Number: EV 432396513 US

The following papers are being deposited with the United States Postal Service “Express Mail Post Office to Addressee” service pursuant to 37 C.F.R. §1.10:

☒ Request for Continued Examination
☒ Check No. 30670 for \$1,810.00
☒ Amendment Transmittal Letter
☒ Return Receipt Postcard

X Fee Transmittal Letter
X Petition 3 Months of Extended Time
X Amendment